VINSON,DONNIE
0000-5135-1 DOB 04/28/56
0736300004 ADM DT 12/29/07
SMCC

ST. MARY'S MEDICAL CENTER
of Campbell County
LaFollette, Tennessee

LNAF01

NURSING ASSESSMENT FORM
EMERGENCY DEPARTMENT

X ED ☐ FT/Minor Care
To Room: 3 Time 0320

TIME	NAME	AGE	PCP (FIRST & LAST NAME)
0320	Donnie Vinson	51	Doc - Kauffman

CHIEF COMPLAINT (Caregiver's impression of child's condition – if applicable)
Narrative: brought by CCSO. abrasions to face & lip. States was getting out of police cruiser. Officer states

BP 171/101 P 89 R 18 T 97.6 SaO2 95%

☐ NKDA Allergies: NKDA ☐ No Meds
☐ Latex All ☐ See Med List

☐ Pt or someone close to pt has traveled to Asia in the last 2 weeks: NO
☐ Pt/parent is a healthcare worker, their place of employment is: NO
☐ Someone close to pt has been told they have a pneumonia: NO

LMP Ht Wt

PMH:
X HTN ☐ DM ☐ BEHAVIORAL ☐ CARDIAC ☐ CA ☐ ARTHRITIS
☐ ASTHMA ☐ ULCER ☐ SEIZURES ☐ BACK PROBLEM ☐ THYROID
☐ DIABETICS ☐ MIGRAINE ☐ CVA ☐ DEMENTIA ☐ COPD ☐ CHF
☐ HEARING IMPAIRED ☐ VISUAL IMPAIRED Anxiety

Treatment PTA: ☐ EMS ☐ Self/Other ☐ ASA
NTGX ____ ☐ O_2 FSBS ☐ C-Spine Immobilization
IV

PAIN ASSESSMENT

Having Pain?
☐ Yes X No ☐ New ☐ Chronic
Location:
Scale 0-10:
Radiation:
Onset ____ Frequency ____ Duration ____
Words to Describe: Pain ☐ Crying ☐ Restless ☐ Moaning
☐ Grimacing Unable to verb ☐ Description

PEDIATRICS ☐ NA ☐ WNL
☐ Caregiver Behavior Appropriate w/child
Crying/Quality
☐ Strong/Normal
☐ Whimpering
☐ Moaning/High-pitched
Activity level
☐ Playful ☐ Fussy ☐ Quiet ☐ Sleepy
Fontanels
☐ Flat ☐ Bulging ☐ Sunken ☐ Closed
Appetite
☐ Good ☐ Fair ☐ Poor ☐ Taking oral fluids only ☐ Formula ☐ Breast milk
☐ Last meal

☐ Age Appropriate Behavior
☐ Immunizations UTD
Mucus membranes
☐ WNL ☐ Dry
Wetting diapers today
☐ Yes ☐ No
☐ Less than normal
☐ Last void
Capillary refill
☐ Normal ☐ Delayed
Head circumference (<24 mos)

Respiratory ☐ WNL ☐ NA
☐ Labored ☐ Unlabored ☐ Normal
☐ Abnormal ☐ Dyspnea ☐ Tachypnea
☐ Apnea ☐ Cough ☐ Retracting
☐ Non-productive ☐ Productive
☐ Smoking Ø PPD

Breath Sounds	Right	Left
Clear	☐	☐
Rales	☐	☐
Rhonchi	☐	☐
Wheezing	☐	☐
Diminished	☐	☐
Absent	☐	☐

Cardiac ☐ NA ☐ WNL
☐ Rhythm
☐ Have you taken any sexually enhancing Meds? ____ Time ____
DNR Status:

Skin ☐ NA ☐ WNL
☑ Warm ☐ Dry
☐ Diaphoretic
☐ Flushed
☐ Cool ☐ Clammy
☐ Jaundiced
☐ Turgor
Color:
Normal for Race
☐ Pale ☐ Ashen
☐ Cyanotic

Abdomen ☐ NA ☐ WNL ☐ Obese
☐ Soft ☐ Distended ☐ Guarding ☐ Nausea
Last BM ____ ☐ Emesis X ____ 24 Hrs.
☐ Diarrhea X ____ /24 Hrs. ☐ Color
☐ Bowel Sounds ☐ Present ☐ Absent
☐ Tender

R Area of Pain L

Genitourinary: ☐ WNL ☐ NA
☐ Frequency ☐ Urgency
☐ Retention ☐ Hematuria
☐ Clear ☐ Cloudy
☐ Pain/Burning with Voiding
☐ Penile Discharge

OB/GYN ☐
☐ Vaginal Discharge
☐ EDC
☐ G
☐ P
☐ AB

Location of R FHT/Rate L

Extremities: ____ ☐ NA ☐ WNL
INJ/DBB:
☐ Tenderness ☐ Pain
Edema: ☐ Absent ☐ Present ☐ Location
Skin: ☐ Warm ☐ Hot ☐ Cool ☐ Cold ☐ Pink ☐ Cyanotic
Sensory: ☐ Numbness Cap Refill:
Motor Function: Pulses Pedal R ____ L ____
Radial R ____ L ____

Functional: ☐ WNL
☐ Loss of ROM causing problems W/ADLS
☐ Loss of Muscular strength causing problems w/ADLS
☐ Problems W/Balance or walking causing stumbling or falls
Interventions
☐ MD Notified
Nutritional: ☐ WNL
☐ Modified Diet – Poor understanding or compliance
☐ Unintentional Significant wt. loss
☐ New Med with potential for food/drug interaction
☐ Feeding/eating ☐ Drinking
Interventions
☐ MD Notified

Falls Risk Assessment	Yes	No
Frequent Toileting	☐	☐
Unsteady Gait	☐	☐
Impaired Balance	☐	☐
Weak	☐	☐
Hypotensive	☐	☐
Decreased LOC	☐	☐
Communication Barrier	☐	☐
Narcotic Analgesics	☐	☐
Other	☐	☐
Have you fallen in the last month	☐	☐
4 or more Medications	☐	☐

Neuro: ☐ WNL ☐ NA ☐ AAOx3 Pupil Size: L ____ R ____
Motor Ability Strength/Grips
Strong Weak None Strong Weak None
RA... ____ RL... ____ ☐ PERRL
RA... ____ RL... ____ ☐ MAE
Speech: Onset

Psychosocial ☐ WNL ☐ Combative ☐ Cooperative
☐ Calm ☐ Anxious ☐ Appropriate ☐ Inappropriate ☐ Tearful
☐ Depressed ☐ Agitated Affect: ☐ Flat ☐ Expressive ☐ Lethargic
Hallucinations: ☐ Visual ☐ Auditory ☐ Homicidal Ideation
☐ Suicidal Ideation ☐ Presented with S&S Alcohol/Substance Abuse
☐ Do you have concerns about your safety at home?

Other Forms Used
☐ Surgical Consent ☐ Procedural Consent ☐ Code 99 flow sheet ☐ Inventory sheet ☐ Time-Out Form
☐ Moderate Sedation Packet ☐ Transfer Packet ☐ Restraint Packet ☐ Committal Packet

Triage Nurse Signature/Title	Initials	Primary Nurse Signature/Title	Initials	Time Assessed
M Warren RN	mw RN			

fm0101 12/2003 Page 1 of 1

Car rolled forward pt fell to Pavement.
Abrasion Noted to (L) hand
Strong ETOH odor noted

EXHIBIT B